

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90144 023 ***150.00

DOCUMENT # P97000091581

1. Entity Name
REAL ESTATE SERVICE TECHNICIANS, INC.



Principal Place of Business
**1909 SHERMAN ST
HOLLYWOOD FL 33020**

Mailing Address
**1909 SHERMAN ST
HOLLYWOOD FL 33020**



2. Principal Place of Business
2816 DEWEY ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FLORIDA

City & State

4. FEI Number **65-0788171**

Applied For
Not Applicable

Zip
33020

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, RICHARD V
1909 SHERMAN ST.
HOLLYWOOD FL 33020**

Name
RICHARD VAUGHN WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
2816 DEWEY ST

City **HOLLYWOOD** **FL** Zip Code **33020**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Richard Williams* **RICHARD WILLIAMS (PRESIDENT)** **2/5/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIAMS, RICHARD V**
STREET ADDRESS **1909 SHERMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Richard Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03 954-924-0888
Date Daytime Phone #

CR2E034 (10/02)